

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FIRST-NAMED INVENTOR OR James Hawkins
APPLICATION IDENTIFIER:

FOR: SHAPED FRAGRANCE DISPENSER

November 14, 2003
Boston, Massachusetts

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

22154 U.S. PTO
10/714530
111403

REQUEST FOR FILING A NEW NONPROVISIONAL APPLICATION
UNDER 37 C.F.R. §1.53(b)

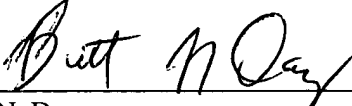
1. This is a request for filing a new nonprovisional application under 37 C.F.R. §1.53(b).
2. ☒ Specification and Drawings (Total pages: 10);
Specification (6 pages); Claims (2 pages); Abstract (1 page); and
Drawings: 1 sheet; FIG. 1.
☐ Formal
☒ Informal
3. ☒ Declaration and Power of Attorney
☒ Unsigned
☐ Signed
4. ☐ Information Disclosure Statement (IDS)
☐ Copy of IDS and PTO-1449 (___ pages)
☐ Copies of references cited
5. ☐ Assignment Papers
☐ Recordation Form Cover Sheet (PTO-1595)
☐ Assignment Document
6. ☐ Statement Claiming Small Entity Status
☐ Claiming Small Entity As Independent Inventor (37 C.F.R. §§1.9(f) & 1.27(b)).
☐ Claiming Small Entity As Small Business Concern (37 C.F.R. §§1.9(f) & 1.27(c)).
☐ Claiming Small Entity As Nonprofit Organization (37 C.F.R. §§1.9(f) & 1.27(d)).

FIRST-NAMED INVENTOR OR
APPLICATION IDENTIFIER: James Hawkins
Request for New Nonprovisional Application (37 C.F.R. §1.53(b))

7. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$770.00
Total Claims (37 C.F.R. 1.16(c))	10	- 20 =		\$ 18.00	0.00
Independent Claims (37 C.F.R. 1.16(b))		- 3 =		\$84.00	0.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))				\$280.00	0.00
				SUBTOTAL:	\$770.00
				Reduction by 50% for filing by small entity:	- \$385.00
				TOTAL FEE:	\$385.00

8. ☐ A check in the amount of \$_____ is enclosed.
9. ☐ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. No. 27632-011:
- ☐ Fees required under 37 C.F.R. §1.16;
- ☐ Fees required under 37 C.F.R. §1.17;
- ☐ Fees required under 37 C.F.R. §1.18.
10. ☒ Return Receipt Postcard Enclosed.
11. ☐ Other Documents Enclosed:
- ☐ Change of Attorney Address In Application.


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Please refer all correspondence to Customer Number 30623.

TRA 1853032v1